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     FILE 'HCAPLUS' ENTERED AT 15:16:32 ON 31 JAN 2011
L1        32812 S ANTIDEPRESSANT OR (SEROTONIN REUPTAKE) OR (NOREPIPENEPHRINE R
L2        33261 S ANTIDEPRESSANT OR (SEROTONIN REUPTAKE) OR (NOREPINEPHRINE REU
L3         9571 S (ATYPICAL ANTIPSYCHOTIC) OR (DOPAMINE SYSTEM STABILIZER) OR Q
L4          808 S L2 AND L3
L5       103518 S DEPRESSION
L6          439 S L4 AND L5
L7         7523 S UNIPOLAR OR (MAJOR DEPRESSIVE DISORDER) OR MDD
L8          114 S L6 AND L7
L9           10 S L8 AND (PY<2003 OR AY<2003 OR PRY<2003)
L10      820011 S INITIAL OR IMMEDIATE OR (FIRST LINE) OR NAIEVE
L11      820000 S INITIAL OR IMMEDIATE OR (FIRST LINE) OR NIEVE
L12          40 S L6 AND L10
L13           2 S L12 AND (PY<2003 OR AY<2003 OR PRY<2003)
L14           0 S L13 NOT L9
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FILE 'HOME' ENTERED AT 15:16:19 ON 31 JAN 2011

=> file hcaplus
COST IN U.S. DOLLARS SINCE FILE ENTRY TOTAL SESSION
FULL ESTIMATED COST 0.23 0.23

FILE 'HCAPLUS' ENTERED AT 15:16:32 ON 31 JAN 2011
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FILE COVERS 1907 - 31 Jan 2011 VOL 154 ISS 6
FILE LAST UPDATED: 30 Jan 2011 (20110130/ED)
REVISED CLASS FIELDS (/NCL) LAST RELOADED: Oct 2010
USPTO MANUAL OF CLASSIFICATIONS THESAURUS ISSUE DATE: Oct 2010

HCAplus now includes complete International Patent Classification (IPC)
reclassification data for the fourth quarter of 2010.

CAS Information Use Policies apply and are available at:

http://www.cas.org/legal/infopolicy.html

This file contains CAS Registry Numbers for easy and accurate
substance identification.

=> s antidepressant or (serotonin reuptake) or (norepipenephrine reuptake) or SSRI
or SNRI or (monoamine oxidase inhibitor)
26845 ANTIDEPRESSANT
82577 SEROTONIN
13537 REUPTAKE
5929 SEROTONIN REUPTAKE
(SEROTONIN(W)REUPTAKE)
0 NOREPIPENEPHRINE
13537 REUPTAKE
0 NOREPIPENEPHRINE REUPTAKE
(NOREPIPENEPHRINE(W)REUPTAKE)
2467 SSRI
309 SNRI
29645 MONOAMINE
146792 OXIDASE
679051 INHIBITOR
3138 MONOAMINE OXIDASE INHIBITOR
(MONOAMINE(W)OXIDASE(W)INHIBITOR)
L1 32812 ANTIDEPRESSANT OR (SEROTONIN REUPTAKE) OR (NOREPIPENEPHRINE REUP
TAKE) OR SSRI OR SNRI OR (MONOAMINE OXIDASE INHIBITOR)

=> s antidepressant or (serotonin reuptake) or (norepinephrine reuptake) or SSRI or
SNRI or (monoamine oxidase inhibitor)

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         26845 ANTIDEPRESSANT
         82577 SEROTONIN
         13537 REUPTAKE
          5929 SEROTONIN REUPTAKE
                 (SEROTONIN(W)REUPTAKE)
         53582 NOREPINEPHRINE
         13537 REUPTAKE
          1093 NOREPINEPHRINE REUPTAKE
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          2467 SSRI
           309 SNRI
         29645 MONOAMINE
        146792 OXIDASE
        679051 INHIBITOR
          3138 MONOAMINE OXIDASE INHIBITOR
                 (MONOAMINE(W)OXIDASE(W)INHIBITOR)
L2       33261 ANTIDEPRESSANT OR (SEROTONIN REUPTAKE) OR (NOREPINEPHRINE REUPTA
               KE) OR SSRI OR SNRI OR (MONOAMINE OXIDASE INHIBITOR)

=> s (atypical antipsychotic) or (dopamine system stabilizer) or quetiapine or
risperidone or ziprasidone or olanzapine or iloperidone or melperone or amperozide
or aripiprazole)
UNMATCHED RIGHT PARENTHESIS 'IPIPRAZOLE)'
The number of right parentheses in a query must be equal to the
number of left parentheses.

=> s (atypical antipsychotic) or (dopamine system stabilizer) or quetiapine or
risperidone or ziprasidone or olanzapine or iloperidone or melperone or amperozide
or aripiprazole
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         13964 ANTIPSYCHOTIC
          2752 ATYPICAL ANTIPSYCHOTIC
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       3096351 SYSTEM
        103655 STABILIZER
             7 DOPAMINE SYSTEM STABILIZER
                 (DOPAMINE(W)SYSTEM(W)STABILIZER)
          2094 QUETIAPINE
          4318 RISPERIDONE
          1347 ZIPRASIDONE
          3889 OLANZAPINE
           159 ILOPERIDONE
           230 MELPERONE
           171 AMPEROZIDE
          1412 ARIPIPRAZOLE
L3        9571 (ATYPICAL ANTIPSYCHOTIC) OR (DOPAMINE SYSTEM STABILIZER) OR QUET
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               E OR MELPERONE OR AMPEROZIDE OR ARIPIPRAZOLE

=> s l2 and l3
L4         808 L2 AND L3

=> s depression
L5      103518 DEPRESSION

=> s l4 and l5
L6         439 L4 AND L5

=> s unipolar or (major depressive disorder) or MDD
          4899 UNIPOLAR
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          1341 MDD
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=> s l6 and l7
L8          114 L6 AND L7

=> s l8 and (PY<2003 or AY<2003 or PRY<2003)
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L9           10 L8 AND (PY<2003 OR AY<2003 OR PRY<2003)

=> d l9 1-10 ti abs bib

L9   ANSWER 1 OF 10  HCAPLUS  COPYRIGHT 2011 ACS on STN
TI   Carbostyril derivatives and serotonin reuptake
     inhibitors for treatment of mood disorders
AB   The pharmaceutical composition of the present invention comprises (1) a
     carbostyril derivative and (2) a serotonin reuptake
     inhibitor in a pharmaceutically acceptable carrier.  The carbostyril
     derivative may be aripiprazole or a metabolite thereof, which is a
     dopamine-serotonin system stabilizer.  The serotonin
     reuptake inhibitor may be fluoxetine, duloxetine, venlafaxine,
     milnacipran, citalopram, fluvoxamine, paroxetine, sertraline or
     escitalopram.  The pharmaceutical composition of the present invention is
     useful for treating patients with mood disorders, particularly
     depression or major depressive
     disorder.  For example, a tablet formulation contained
     aripiprazole anhydride crystals B 5 mg, venlafaxine 75 mg, starch
     131 mg, magnesium stearate 4 mg, and lactose 60 mg.
AN   2004:589419  HCAPLUS <<LOGINID::20110131>>
DN   141:128865
TI   Carbostyril derivatives and serotonin reuptake
     inhibitors for treatment of mood disorders
IN   Kikuchi, Tetsuro; Iwamoto, Taro; Hirose, Tsuyoshi
PA   Otsuka Pharmaceutical Co., Ltd., Japan
SO   PCT Int. Appl., 92 pp.
     CODEN: PIXXD2
DT   Patent
LA   English
FAN.CNT 1
     PATENT NO.          KIND   DATE        APPLICATION NO.        DATE
     --------------      ----   --------    -------------------    --------
PI   WO 2004060374        A1    20040722    WO 2003-JP16724        20031225 <--
         W:  AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH,
             CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD,
             GE, GH, GM, HR, HU, ID, IL, IN, IS, KE, KG, KR, KZ, LC, LK, LR,
             LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NI, NO, NZ, OM,
             PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY, TJ, TM, TN,
             TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW
         RW: BW, GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ,
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     TW 315669           B     20091011    TW 2003-136756         20031224 <--
     CA 2511619          A1    20040722    CA 2003-2511619        20031225 <--
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     CA 2716966          A1   20040722    CA 2003-2716966        20031225 <--
     AU 2003295235       A1   20040729    AU 2003-295235         20031225 <--
     AU 2003295235       B2   20080619
     EP 1575590          A1   20050921    EP 2003-786308         20031225 <--
     EP 1575590          B1   20071024
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     BR 2003017771       A    20051122    BR 2003-17771          20031225 <--
     CN 1726039          A    20060125    CN 2003-80106103       20031225 <--
     EP 1723957          A2   20061122    EP 2006-17539          20031225 <--
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             IT, LI, LU, MC, NL, PT, RO, SE, SI, SK, TR, LT, LV
     CN 1989968          A    20070704    CN 2007-10001620       20031225 <--
     NZ 540054           A    20070928    NZ 2003-540054         20031225 <--
     AT 376419           T    20071115    AT 2003-786308         20031225 <--
     PT 1575590          E    20071206    PT 2003-786308         20031225 <--
     ES 2295677          T3   20080416    ES 2003-786308         20031225 <--
     NZ 556779           A    20081224    NZ 2003-556779         20031225 <--
     RU 2356554          C2   20090527    RU 2005-123808         20031225 <--
     SG 154337           A1   20090828    SG 2007-4097           20031225 <--
     CN 101879166        A    20101110    CN 2009-10209720       20031225 <--
     JP 2004217650       A    20040805    JP 2003-433429         20031226 <--
     JP 4284524          B2   20090624
     NO 2005002359       A    20050718    NO 2005-2359           20050512 <--
     ZA 2005003873       A    20060830    ZA 2005-3873           20050513 <--
     MX 2005006857       A    20050818    MX 2005-6857           20050622 <--
     IN 2005KN01229      A    20060630    IN 2005-KN1229         20050624 <--
     IN 222024           A1   20080718
     KR 842694           B1   20080701    KR 2005-7012073        20050624 <--
     US 20060154938      A1   20060713    US 2005-540577         20051216 <--
     HK 1082411          A1   20101224    HK 2006-102790         20060303 <--
     KR 2007093001       A    20070914    KR 2007-7017722        20070731 <--
     KR 858852           B1   20080917
     IN 2007KN03698      A    20080125    IN 2007-KN3698         20071001 <--
     RU 2389490          C2   20100520    RU 2008-131331         20080729 <--
PRAI JP 2002-379003      A    20021227  <--
     US 2003-470481P     P    20030514
     CA 2003-2511619     A3   20031225
     CN 2003-80106103    A3   20031225
     EP 2003-786308      A3   20031225
     NZ 2003-540054      A3   20031225
     RU 2005-123808      A3   20031225
     WO 2003-JP16724     W    20031225
     IN 2005-KN1229      A3   20050624
     KR 2005-7012073     A3   20050624
ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT
OSC.G   1     THERE ARE 1 CAPLUS RECORDS THAT CITE THIS RECORD (1 CITINGS)
RE.CNT  3     THERE ARE 3 CITED REFERENCES AVAILABLE FOR THIS RECORD
              ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9   ANSWER 2 OF 10  HCAPLUS  COPYRIGHT 2011 ACS on STN
TI   Combination therapy for depression, prevention of suicide, and
     various medical and psychiatric conditions
AB   The present invention relates to a new method of treatment for persons
     meeting diagnoses for major depressive
     disorder, or other unipolar (non-bipolar, nonpsychotic
     and non-treatment resistant) depression.  The method comprises
     administering a combination of two categories of drugs, antipsychotics or
     dopamine system stabilizers, in combination with a newer
     antidepressant such as a selective serotonin
     reuptake inhibitor, as initial treatment or as soon as possible.
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The method targets the prevention of suicide, and provides other benefits including preventing disease progression development of tolerance toward the antidepressants. Another aspect of the invention relates to using the method for alleviating cognitive distortion and related functional impairment or health risks, and/or using the method for smoking cessation or nicotine withdrawal.

AN 2004:100942 HCAPLUS <<LOGINID::20110131>>
DN 140:139528
TI Combination therapy for depression, prevention of suicide, and various medical and psychiatric conditions
IN Migaly, Peter
PA USA
SO PCT Int. Appl., 28 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 2004010932	A2	20040205	WO 2003-US23326	20030725 <--
	WO 2004010932	A3	20040722		
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	RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG				
	CA 2529857	A1	20040205	CA 2003-2529857	20030725 <--
	AU 2003268026	A1	20040216	AU 2003-268026	20030725 <--
	US 20040204401	A1	20041014	US 2003-627358	20030725 <--
	EP 1551393	A2	20050713	EP 2003-748977	20030725 <--
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR, BG, CZ, EE, HU, SK				
	MX 2005000294	A	20050819	MX 2005-294	20050104 <--
PRAI	US 2002-319436P	P	20020730	<--	
	US 2003-627358	A	20030725		
	WO 2003-US23326	W	20030725		

OSC.G 5 THERE ARE 5 CAPLUS RECORDS THAT CITE THIS RECORD (5 CITINGS)
RE.CNT 2 THERE ARE 2 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 3 OF 10 HCAPLUS COPYRIGHT 2011 ACS on STN
TI An open study of olanzapine and fluoxetine for psychotic major depressive disorder: Interim analyses
AB Although atypical antipsychotic agents are commonly used in the treatment of psychotic depression, there are no published prospective studies on their use in this condition. The aim of this study was to assess, by interim analyses, the efficacy of the atypical antipsychotic agent olanzapine in combination with the selective serotonin reuptake inhibitor antidepressant agent fluoxetine. We enrolled 27 patients (17 women [63.0%] and 10 men [37.0%]; mean ± SD age: 41.2 ± 14.7 yr) with DSM-IV-defined major depressive disorder with psychotic features into an open trial of olanzapine, 5 to 20 mg/day, plus fluoxetine, 20 to 80 mg/day. Patients were assessed at each visit with the 17-item Hamilton Rating Scale for Depression and both the psychotic and mood modules of

the Structured Clin. Interview for DSM-IV Axis 1 Disorders, Patient Edition. We are reporting the results of the first 6 wk of treatment. Twenty-two (81.5%) of the 27 enrolled patients completed the 6-wk open trial, and 5 (18.5%) dropped out, with only 2 (7.4%) dropping out due to side effects. Of the 27 patients, 74.1% (N = 20) met criteria for melancholic features, 14.8% (N = 4) had delusions alone, 18.5% (N = 5) had hallucinations alone, and 66.7% (N = 18) reported both delusions and hallucinations. In addition, the overall rates of response for the intent-to-treat group were as follows: depression response rate, 66.7% (N = 18); psychosis response rate, 59.3% (N = 16); psychotic depression response rate, 55.6% (N = 15); and psychotic depression remission rate, 40.7% (N = 11). The combination of olanzapine and fluoxetine appears to be a promising, safe, and effective treatment for psychotic depression. Double-blind studies are needed to confirm this impression.

AN 2003:90779 HCAPLUS <<LOGINID::20110131>>

DN 138:180582

TI An open study of olanzapine and fluoxetine for psychotic major depressive disorder: Interim analyses

AU Matthews, John D.; Bottonari, Kathryn A.; Polania, Laura M.; Mischoulon, David; Dording, Christina M.; Irvin, Robert; Fava, Maurizio

CS Depression Clinical and Research Program, Massachusetts General Hospital, Boston, MA, 02114, USA

SO Journal of Clinical Psychiatry (2002), 63(12), 1164-1170
CODEN: JCLPDE; ISSN: 0160-6689

PB Physicians Postgraduate Press, Inc.

DT Journal

LA English

OSC.G 16 THERE ARE 16 CAPLUS RECORDS THAT CITE THIS RECORD (16 CITINGS)

RE.CNT 54 THERE ARE 54 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 4 OF 10 HCAPLUS COPYRIGHT 2011 ACS on STN

TI Efficacy of quetiapine and risperidone against depressive symptoms in outpatients with psychosis

AB The treatment of psychotic symptoms in patients with mood disorders is a complex challenge. Antipsychotic medications in these individuals may be associated with extrapyramidal symptoms (EPS), worsening of depression, and functional impairment. Atypical antipsychotics such as quetiapine and risperidone are associated with a decreased incidence of adverse events such as EPS. The objective of this study was to compare the efficacy and tolerability of quetiapine and risperidone for the treatment of depressive symptoms in outpatients with psychosis. In this 4-mo, multicenter, open-label trial, patients were randomly assigned in a 3:1 ratio of quetiapine to risperidone, and both drugs were flexibly dosed. Eligible patients had psychoses and demonstrated 1 of several DSM-IV diagnoses, including schizoaffective disorder, bipolar I disorder, major depressive disorder, delusional disorder, Alzheimer's dementia, schizophreniform disorder, vascular dementia, and substance abuse dementia. Patients were classified as mood disordered if they had bipolar disorder, major depressive disorder, or schizoaffective disorder. Efficacy was assessed using the Pos. and Neg. Syndrome Scale and the Clin. Global Impressions scale. The Hamilton Rating Scale for Depression (HAM-D) was used to assess the level of depressive symptoms. The primary tolerability assessment was presence or absence of substantial EPS, defined as EPS severe enough to require an alteration in treatment. A total of 554 patients were randomly assigned to quetiapine and 175 to risperidone. Mean doses at 16 wk were 318 mg for quetiapine and 4.4 mg for risperidone. Although both agents produced improvements in mean

HAM-D scores, quetiapine produced a greater improvement than risperidone in all patients (p = .0015). Within the mood-diagnosed population, incidences of both substantial EPS (p = .001) and at least moderate EPS (p = .0373) occurred significantly less frequently among patients taking quetiapine. For patients with non-mood diagnoses, incidences of substantial EPS were fewer for patients taking quetiapine than for those taking risperidone (p = .062); however, this was not statistically significant. These results suggest that quetiapine may be a useful agent in the management of depressive symptoms in patients with psychosis.

AN 2003:90778 HCAPLUS <<LOGINID::20110131>>
DN 138:180581
TI Efficacy of quetiapine and risperidone against depressive symptoms in outpatients with psychosis
AU Sajatovic, Martha; Mullen, Jamie A.; Sweitzer, Dennis E.
CS Department of Psychiatry, Case Western Reserve University School of Medicine, Cleveland, OH, USA
SO Journal of Clinical Psychiatry (2002), 63(12), 1156-1163
CODEN: JCLPDE; ISSN: 0160-6689
PB Physicians Postgraduate Press, Inc.
DT Journal
LA English
OSC.G 34 THERE ARE 34 CAPLUS RECORDS THAT CITE THIS RECORD (34 CITINGS)
RE.CNT 40 THERE ARE 40 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 5 OF 10 HCAPLUS COPYRIGHT 2011 ACS on STN
TI Collegium Internationale Neuro-Psychopharmacologicum (C.I.N.P.): XXIIIrd congress: Montreal, Canada, 23-27 June 2002
AB A review. The goal of the 23rd Collegium Internationale Neuro-Psychopharmacologicum (C.I.N.P.) Congress was to unite the preclin. knowledge and clin. experience of the basic scientists and psychiatrists, researchers and clinicians into understanding of the neurobiol. basis of mental disorders, to critically evaluate the data from in vitro to in vivo animal models, to extrapolate these data, if possible and with caution, into better comprehending of the biol. basis of pathophysiol., to improve the treatment of psychiatric disorders, and to achieve total remission, not only a response in patients and to reduce the occurrence of adverse effects of neurotropic drugs. The main topics of the congress were depression, apathy, schizophrenia, PTSD, AD, panic disorders, GAD, attention deficit/hyperactivity disorders, alcoholism, bipolar disorders, eating disorders and suicide. The news were that chronic smoking has some similar effects like the effects of antidepressant in MDD, some new combinations of SSRIs with atypical antypsychotics in the treatment of depression, combinations of SSRI with olanzapine in the treatment of nonpsychotic but treatment resistant PTSD, and some potentially new antidepressants, like SPAs and CRF1 receptor antagonists. The congress focused on the treatment considerations in elderly, the adverse effects of psychotropic drugs, especially effects on plasma lipids and plasma glucose, and cardiovascular effects of psychotropic drugs.
AN 2003:26534 HCAPLUS <<LOGINID::20110131>>
DN 139:143028
TI Collegium Internationale Neuro-Psychopharmacologicum (C.I.N.P.): XXIIIrd congress: Montreal, Canada, 23-27 June 2002
AU Pivac, Nela; Muck-Seler, Dorotea
CS Can.
SO Psychiatria Danubina (2002), 14(3-4), 231-242
CODEN: PSYDEI; ISSN: 0353-5053
PB Medicinska Naklada

DT Journal; General Review
LA English

L9 ANSWER 6 OF 10 HCAPLUS COPYRIGHT 2011 ACS on STN
TI An open pilot study combining risperidone and a selective serotonin reuptake inhibitor as initial antidepressant therapy
AB Background: Atypical antipsychotics such as risperidone or olanzapine have been reported to be effective when added to a selective serotonin reuptake inhibitor (SSRI) in cases of depression in which treatment with an SSRI alone is not effective. It is possible that the combination of an SSRI and an atypical antipsychotic may be efficacious as an initial treatment for major depression. Method: Thirty-six subjects who fulfilled DSM-IV diagnostic criteria for major depressive disorder were given fluvoxamine, 50 or 75 mg/day, with risperidone, 0.5 or 1 mg/day, at the start of treatment. The dose of fluvoxamine was increased to 100 or 150 mg/day on the fourth day of the treatment and maintained thereafter. Hamilton Rating Scale for Depression (HAM-D) scores were obtained at baseline and every week for 6 wk. Remission and response were defined, resp., as ≥ 75% and 50%-74% reduction from baseline in HAM-D score. Results: Of 30 subjects who completed the 6-wk study, 23 (76%) achieved remission, 5 (17%) achieved response, and 2 (7%) were nonresponsive. Of the 6 patients who did not complete the study, 3 showed remission, 1 showed response, and 2 showed minimal or no response by the time of dropout. The reported adverse effects were mild, and none of the 36 subjects enrolled in the study manifested or reported extrapyramidal symptoms, nausea, or vomiting. Conclusion: The results suggest that the combination of risperidone and fluvoxamine from the beginning of antidepressant therapy enhances the therapeutic response rate in depression.
AN 2002:708135 HCAPLUS <<LOGINID::20110131>>
DN 137:242083
TI An open pilot study combining risperidone and a selective serotonin reuptake inhibitor as initial antidepressant therapy
AU Hirose, Shigehiro; Ashby, Charles R., Jr.
CS Center of Psychiatry and Neurology, Fukui Prefectural Hospital, Fukui, 910-0846, Japan
SO Journal of Clinical Psychiatry (2002), 63(8), 733-736
CODEN: JCLPDE; ISSN: 0160-6689
PB Physicians Postgraduate Press, Inc.
DT Journal
LA English
OSC.G 41 THERE ARE 41 CAPLUS RECORDS THAT CITE THIS RECORD (41 CITINGS)
RE.CNT 35 THERE ARE 35 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 7 OF 10 HCAPLUS COPYRIGHT 2011 ACS on STN
TI Olanzapine in the treatment of apathy in previously depressed participants maintained with selective serotonin reuptake inhibitors: An open-label, flexible-dose study
AB We report a clin. trial of olanzapine in the treatment of prominent apathy in the absence of depression in patients on long-term treatment with selective serotonin reuptake inhibitors (SSRIs) for nonpsychotic major depression. Participants were 21 men and women who met DSM-IV criteria for major depressive disorder in full remission (Montgomery-Asberg Depression Rating Scale [MADRS] score ≤ 12) who had been taking an SSRI for at least 3 mo.

Data are presented (last observation carried forward) based on 20 enrolled participants who completed at least 1 follow-up visit. Participants had significant symptoms of apathy, defined as a Clin. Global Impressions-Severity of Illness scale (CGI-S) score ≥ 3, an Apathy Evaluation Scale (AES) score > 30, and a MADRS item 8 (inability to feel) score ≥ 2. Participants with a personal or family history of psychosis were excluded. Olanzapine was titrated in 2.5-mg increments at weekly intervals, until CGI-S score improved ≥ 2 points from baseline or ≥ 1 point with dose-limiting side effects, and participants continued in the protocol for 8 wk at a stable dose following this improvement. Improvement was clin. evident and demonstrable on all symptom assessments: AES (mean ± SD change in score = −21.3 ± 8.7; p < .0001), CGI-S (−2.7 ± 0.9; p < .0001), MADRS (−5.6 ± 5.9; p = .001), and MADRS item 8 (−2.2 ± 1.4; p < .0001). The mean dose of olanzapine was 5.4 ± 2.8 mg/day. These preliminary data suggest that olanzapine may be effective in treating apathy syndrome in nonpsychotic patients taking SSRIs.

AN 2002:444056 HCAPLUS <<LOGINID::20110131>>
DN 137:41656
TI Olanzapine in the treatment of apathy in previously depressed participants maintained with selective serotonin reuptake inhibitors: An open-label, flexible-dose study
AU Marangell, Lauren B.; Johnson, Christopher R.; Kertz, Barbara; Zboyan, Holly A.; Martinez, James M.
CS Department of Psychiatry, One Baylor Plaza BCM 350, Houston, TX, 77030, USA
SO Journal of Clinical Psychiatry (2002), 63(5), 391-395
CODEN: JCLPDE; ISSN: 0160-6689
PB Physicians Postgraduate Press, Inc.
DT Journal
LA English
OSC.G 8 THERE ARE 8 CAPLUS RECORDS THAT CITE THIS RECORD (8 CITINGS)
RE.CNT 33 THERE ARE 33 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 8 OF 10 HCAPLUS COPYRIGHT 2011 ACS on STN
TI (+)-1-(3,4-dichlorophenyl)-3-azabicyclo[3.1.0]hexane, compositions thereof, and uses as an anti-depressant agent
AB The present invention relates to (+)-1-(3,4-dichlorophenyl)-3-azabicyclo[3.1.0]hexane and pharmaceutically acceptable salts thereof, compns. comprising (+)-1-(3,4-dichlorophenyl)-3-azabicyclo[3.1.0]hexane or a pharmaceutically acceptable salt thereof, and methods for treating or preventing depression in a patient comprising administering (+)-1-(3,4-dichlorophenyl)-3-azabicyclo[3.1.0]hexane or a pharmaceutically acceptable salt thereof. The (+)-1-(3,4-dichlorophenyl)-3-azabicyclo[3.1.0]hexane or pharmaceutically acceptable salt thereof is preferably substantially free of its corresponding (−)-enantiomer. The + isomer is obtained by HPLC resolution on a CHIRALPAK AD column. The + isomer has greater affinity for both norepinephrine and serotonin uptake sites in rat forebrain membranes than the ± compound The + isomer is administered along with a known antidepressant, anxiolytic, antipsychotic or antiobesity agent in treatment of various depression conditions including depression associated with anxiety, seizures, menopause, alcoholism, etc.
AN 2002:290820 HCAPLUS <<LOGINID::20110131>>
DN 136:304102
TI (+)-1-(3,4-dichlorophenyl)-3-azabicyclo[3.1.0]hexane, compositions thereof, and uses as an anti-depressant agent
IN Lippa, Arnold Stan; Epstein, Joseph William
PA Dov Pharmaceutical, Inc., USA
SO U.S., 7 pp.

CODEN: USXXAM
DT Patent
LA English
FAN.CNT 4

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE	
PI	US 6372919	B1	20020416	US 2001-758883	20010111	<--
	CA 2434616	A1	20020829	CA 2002-2434616	20020111	<--
	WO 2002066427	A2	20020829	WO 2002-US845	20020111	<--
	WO 2002066427	A3	20030313			
	W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, OM, PH, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZM, ZW					
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	AU 2002251758	A1	20020904	AU 2002-251758	20020111	<--
	AU 2002251758	B2	20080103			
	EP 1349835	A2	20031008	EP 2002-720783	20020111	<--
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	HU 2003002613	A3	20070928			
	BR 2002006434	A	20031230	BR 2002-6434	20020111	<--
	CN 1496349	A	20040512	CN 2002-806351	20020111	<--
	ZA 2003005440	A	20040715	ZA 2003-5440	20020111	<--
	JP 2005500983	T	20050113	JP 2002-565944	20020111	<--
	NZ 527101	A	20050826	NZ 2002-527101	20020111	<--
	RU 2294926	C2	20070310	RU 2003-124649	20020111	<--
	CN 101461804	A	20090624	CN 2008-10185945	20020111	<--
	IL 156889	A	20101230	IL 2002-156889	20020111	<--
	NO 2003003165	A	20030904	NO 2003-3165	20030710	<--
	NO 325709	B1	20080707			
	MX 2003006210	A	20041015	MX 2003-6210	20030711	<--
	IN 2003CN01224	A	20051118	IN 2003-CN1224	20030807	<--
	IN 229614	A1	20090327			
	US 20040132797	A1	20040708	US 2004-466457	20040210	<--
	US 7098229	B2	20060829			
	JP 2009280605	A	20091203	JP 2009-176050	20090729	<--
PRAI	US 2001-758883	A	20010111	<--		
	CN 2002-806351	A3	20020111	<--		
	JP 2002-565944	A3	20020111	<--		
	WO 2002-US845	W	20020111	<--		

ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT
OSC.G 2 THERE ARE 2 CAPLUS RECORDS THAT CITE THIS RECORD (2 CITINGS)
RE.CNT 28 THERE ARE 28 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 9 OF 10 HCAPLUS COPYRIGHT 2011 ACS on STN
TI Combination therapy of atypical antipsychotics and serotonin reuptake inhibitors for treatment of bipolar disorders
AB The invention provides methods and compns. for the treatment of bipolar disorder, bipolar depression or unipolar depression, all with or without psychotic features. This method employs a compound having activity as an atypical antipsychotic in combination with an effective amount of a second compound selected from the group consisting of a serotonin reuptake inhibitor, an anticonvulsant and lithium. Pharmaceutical

formulations of combination of drugs of the invention are presented. E.g., hard gelatin capsules were prepared containing olanzapine 25 mg, fluoxetine-HCl 20 mg, starch 150 mg, and Mg stearate 10 mg. In a double blind trial in patients diagnosed with treatment-resistant major depression, the administration of fluoxetine plus olanzapine (20-60 mg/day and 5-20 mg/day, resp.) resulted in a greater improvement on the HAMD-21 score than either of the monotherapy.

AN 1999:783941 HCAPLUS <<LOGINID::20110131>>

DN 132:9033

TI Combination therapy of atypical antipsychotics and serotonin reuptake inhibitors for treatment of bipolar disorders

IN Tollefson, Gary Dennis

PA Eli Lilly and Company, USA

SO PCT Int. Appl., 37 pp.
CODEN: PIXXD2

DT Patent

LA English

FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE	
PI	WO 9962522	A1	19991209	WO 1999-US11314	19990521	<--
	W: AE, AL, AM, AU, AZ, BA, BB, BG, BR, BY, CA, CN, CU, CZ, EE, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, RO, RU, SD, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZA, ZW					
	RW: GH, GM, KE, LS, MW, SD, SL, SZ, UG, ZW, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG					
	CA 2332408	A1	19991209	CA 1999-2332408	19990521	<--
	AU 9940088	A	19991220	AU 1999-40088	19990521	<--
	AU 756468	B2	20030116			
	EP 966967	A2	19991229	EP 1999-303968	19990521	<--
	EP 966967	A3	20000531			
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	BR 9911068	A	20010206	BR 1999-11068	19990521	<--
	TR 2000003525	T2	20010420	TR 2000-3525	19990521	<--
	CN 1302207	A	20010704	CN 1999-806479	19990521	<--
	HU 2001002511	A2	20011128	HU 2001-2511	19990521	<--
	JP 2002516864	T	20020611	JP 2000-551778	19990521	<--
	NZ 507981	A	20031031	NZ 1999-507981	19990521	<--
	MX 2000011354	A	20010419	MX 2000-11354	20001117	<--
	HR 2000000798	A2	20011031	HR 2000-798	20001120	<--
	NO 2000005884	A	20010124	NO 2000-5884	20001121	<--
	ZA 2000006817	A	20020221	ZA 2000-6817	20001121	<--
	US 20030027817	A1	20030206	US 2002-165850	20020607	<--
PRAI	US 1998-87126P	P	19980529	<--		
	WO 1999-US11314	W	19990521	<--		
	US 2000-700446	B1	20001109	<--		

OSC.G 12 THERE ARE 12 CAPLUS RECORDS THAT CITE THIS RECORD (12 CITINGS)

RE.CNT 10 THERE ARE 10 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 10 OF 10 HCAPLUS COPYRIGHT 2011 ACS on STN

TI Risperidone augmentation of selective serotonin reuptake inhibitors in major depression

AB Background: At low doses, risperidone acts as a 5-HT2 antagonist. Preclin. data suggest 5-HT2 antagonists may enhance the action of serotonin. This report examines the clin. use of risperidone to augment selective serotonin reuptake inhibitor (SSRI) antidepressants in patients who have not responded to SSRI therapy. Method: In 8 patients

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     with major depressive disorder without
     psychotic features (DSM-IV) who had not responded to an SSRI,
     risperidone was added to the ongoing SSRI treatment.
     Hamilton Rating Scale for Depression scores were obtained before
     and after the addition of risperidone.  Results: These 8 patients
     remitted within 1 wk of the addition of risperidone.
     Risperidone also appeared to have beneficial effects on sleep
     disturbance and sexual dysfunction.  Conclusion: Risperidone may
     be a useful adjunct to SSRIs in the treatment of depression.
AN   1999:293784  HCAPLUS <<LOGINID::20110131>>
DN   130:332801
TI   Risperidone augmentation of selective serotonin
     reuptake inhibitors in major depression
AU   Ostroff, Robert B.; Nelson, J. Craig
CS   Spectrum Psychiatric Group, P.C., Hamden, Conn., Hamden, CT, 06518, USA
SO   Journal of Clinical Psychiatry (1999), 60(4), 256-259
     CODEN: JCLPDE; ISSN: 0160-6689
PB   Physicians Postgraduate Press, Inc.
DT   Journal
LA   English
OSC.G   103   THERE ARE 103 CAPLUS RECORDS THAT CITE THIS RECORD (103 CITINGS)
RE.CNT  17    THERE ARE 17 CITED REFERENCES AVAILABLE FOR THIS RECORD
              ALL CITATIONS AVAILABLE IN THE RE FORMAT


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